

# INFORMATION BULLETIN

## WORKFORCE INVESTMENT ACT

Number: WIAB00-83

Date: April 26, 2001

Expiration Date: 12/31/01  
69:140:cg:4378

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

The purpose of this information bulletin is to provide copies of the revised Workforce Investment Act (WIA) client forms. The participant client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements. A new combination participant client forms and *Job Training Automation (JTA) User Guide* is in development. Until the release of this new user guide, please refer to Information Bulletin WIAB99-21, *WIA Client Forms Handbook* for detailed line item instructions.

Please ensure this information bulletin is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Debor Untal, Performance Management Unit, at (916) 654-8295. Questions concerning the JTA system should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BILL BURKE  
Chief

Attachments

# WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

<b>04 Application Date</b>		<b>05 Last Name</b>		<b>06 First Name</b>			<b>Middle</b>	
<b>07 Street Address (Residence)</b>		<b>City State (Residence)</b>		<b>08 ZIP (Residence)</b>			<b>09 Phone (Residence) (      )</b>	
<b>10 Mail Street</b>		<b>Mail City State</b>		<b>11 Mail ZIP</b>			<b>12 Message Phone (      )</b>	
<b>13 GEO Code (Optional)</b>	<b>14 Citizen</b> 1 U.S. Citizen 2 Eligible Non-Citizen 3 Ineligible Non-Citizen	<b>15 Alien Doc#</b>	<b>16 Gender</b> 1 Female 2 Male	<b>17 Birthdate</b>	<b>18 Age</b>	<b>19 Assessed</b> 1 Yes, WIA 2 Yes, Non-WIA 3 No	<b>20 Selective Service Registration</b> 1 Yes, Registered 2 No, Not Registered 3 Exempt 4 Not Required	
<b>21 Race (select one or more)</b> AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Pacific Islander AO Other Asian BL Black – African American HI Hispanic or Latino NA American Indian/Alaskan Native WH White		<b>Concurrent Participation</b> <b>22</b> Adult Education <b>23</b> Job Corps <b>24</b> Farmworker Program <b>25</b> Native American Program <b>26</b> Veterans' Workforce Investment Programs <b>27</b> Veterans' DVOP/LVER <b>28</b> Trade Adjustment Act <b>29</b> NAFTA-TAA <b>30</b> Vocational Education <b>31</b> Vocational Rehabilitation <b>32</b> Wagner-Peyser <b>33</b> WWV-Participant <b>34</b> Title V Activities (OAA) <b>35</b> Comm Srvc Blk Grant Pgm <b>36</b> HUD Pgm <b>37</b> Other non-WIA Pgm <b>38</b> Rapid Response <b>39</b> Rapid Response – Additional Assistance <b>40</b> TANF				<b>41 Disabled</b> 1 Yes, Major 2 Yes, Substantial 3 No <b>42 Limited English</b> 1 Yes 2 No <b>43 Substance Abuse</b> 1 Yes 2 No <b>44 Basic Skills Deficient</b> 1 Yes 2 No		
<b>45 Offender</b> 1 Yes 2 No				<b>46 Pregnant/Parenting Youth</b> 1 Yes 2 No				
<b>47 Youth Needing Assistance (Additional Barriers)</b> 1 Yes 2 No			<b>48 Runaway Youth</b> 1 Yes 2 No		<b>49 Foster Child</b> 1 Yes 2 No	<b>50 Family TANF</b> 1 Yes 2 No	<b>51 Family GA</b> 1 Yes 2 No	
<b>52 Family RCA</b> 1 Yes 2 No	<b>53 Family SSI</b> 1 Yes 2 No	<b>54 Family Food Stamps</b> 1 Eligible 2 Receiving 3 No		<b>55 Number in Family</b>		<b>56 Number of Dependents &lt;Age 18</b>		<b>57 Family Status</b> 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported
<b>58 Family Income (Prior 6 mos)</b>		<b>59 Low Income</b> 1 Yes 2 No		<b>60 TANF Exhaustee</b> 1 Yes 2 No		<b>61 Homeless</b> 1 Yes 2 No		<b>62 Poor Work History</b> 1 Yes 2 No
<b>64 Veteran Status</b> 1 Yes <= 180 days 2 Yes, > 180 days 3 No		<b>65 Disabled Veteran</b> 1 Yes 2 Yes, special disabled 3 No		<b>66 Veteran Separation Date</b>		<b>67 Recently Separated Veteran</b> 1 Yes 2 No		<b>68 Campaign Veteran</b> 1 Vietnam-era 2 Other Veteran 3 No
<b>69 Highest Grade Completed</b>		<b>70 Education Status</b> 1 Student, H.S. or less 2 Student, attending post – H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty				<b>71 Read Grade</b>	<b>72 Read Score</b>	<b>73 Reading Test</b>

# WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
Application Number
Agency Code
Social Security Number

Last Name		First Name		Middle	
74 Read Version	75 Math Grade	76 Math Score	77 Math Test		78 Math Version
79 Pell Grant Recipient 1 Yes 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted	80 Pell Grant School Year Award Amount	81 Labor Force Status 1 Employed 2 Not employed	82 Weeks Not Employed Last 26 Weeks	83 Hourly Wage	84 Referred by WPRS (Profiling) 1 Yes 2 No
85 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable		86 Dislocation Date		87 Job Code at Dislocation	Job Title
88 Dislocation Industry Code	89 Tenure at Employer of Dislocation (months)	90 Employer Number	91 Employer Name		
Employer Address		Employer City/State		Employer ZIP	Employer Telephone
92 Eligibility A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18) G Youth (age 19 - 21)			H Veteran Grant I 5% Window Youth (age 14 - 18) J 5% Window Youth (age 19 - 21) X Not Eligible		
Signature of Interviewer			93 Interviewer ID	Date	
Signature of Reviewer			94 Reviewer ID	Date	

**Client Certification:** My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WIA EWIR (09/00)



# WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name
01 Social Security Number
02 Case Number
Application Number

Last Name		First Name				Middle				
03 Grant Code	04 Labor Force Status 1 Employed 2 Not employed	05 Enrollment Date		06 Date ITA Established		07 Total Amount of ITA				
Activity 1	08 Activity Code	09 Agency Code	10 State Provider ID	11 Program Code	12 Job Code/Job Description	13 Begin Date	14 Est/End Date	15 ITA Amount Used	16 Completion Code	17 Goal Code
Activity 2	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
Activity 3	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
Enrolling Staff Signature			18 Enrolling Staff ID			Date				
<b>Activity Codes</b> <b>Core</b> 10 Follow-up Services, Counseling 11 Staff Assisted Job Development 12 Staff Assisted Job Referrals 13 Staff assisted Job Search, Placement 14 Staff Assisted Workshops / Job Clubs 15 Other Core Services 16 Non-WIA Funded Core Services  <b>Intensive</b> 30 Case Mgt for Participants 31 Comprehensive Assessments 32 Development of Individual Employment Plan 33 Group Counseling 34 Work/Entry Employment Experience 35 Individual Counseling and Career Planning 36 Out-of-Area Job Search 37 Relocation Expenses 38 Short Term Prevocational Services 39 Internships 40 Other Intensive Services 41 Non-WIA Funded Intensive			<b>Training</b> 50 Adult Education 51 Customized Training 52 Entrepreneurial Training 53 Job Readiness Training 54 Occupational Skills Training 55 On-The-Job Training 56 Private Sector Training 57 Skill Upgrading and Retraining 58 Workplace Training and Coop Ed 59 Other Training Services 60 Non-WIA Funded Training Services  <b>Youth</b> 70 Summer-related 71 Educational Achievement Services 72 Employment Services 73 Citizen and Leadership Services 74 Other Youth Services 75 Non-WIA Funded Youth Services  <b>Miscellaneous</b> 80 Other JTPA 81 Supportive Services 82 Needs-related Payments 83 Planned Break In Services 84 Non-WIA Funded Miscellaneous  90:99 Optional Local Use			<b>Goal Codes (Youth Only)</b>  <b>BASIC SKILLS</b> 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL/VESL 015 Life Skills  <b>OCCUPATIONAL SKILLS</b> 007 Perform Actual Tasks 008 Familiarity with Procedures, Tools 016 Technology 019 Information Skills  <b>WORK READINESS SKILLS</b> 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills				
			<b>Completion Codes</b> 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary 9 Completed during JTPA							

WIA EWIE (09/00)



# WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name	
01	Case Number
Application Number	
02	Agency Code
Social Security Number	

Last Name		First Name		Middle						
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained			
Staff Signature				03 Staff ID		Date				
<b>Primary Goal Code</b> 1 Primary Goal 2 Not Primary Goal		<b>Goal Type</b> 1 Basic Skills 2 Occupational Skills 3 Work Readiness Skills			<b>Result Code</b> 1 Attained Goal 2 Set, Goal Not Attained					
<b>Goal Code</b> <table border="0"> <tr> <td> <b>BASIC SKILLS</b>            001 Reading Comprehension            002 Math Computation            003 Writing            004 Speaking            005 Listening            006 Problem Solving, Reasoning, Decision Making            013 ESL/Vocational ESL            015 Life Skills         </td> <td> <b>OCCUPATIONAL SKILLS</b>            007 Perform Actual Tasks            008 Familiarity With Procedures, Tools            016 Technology            019 Information Skills         </td> <td> <b>WORK READINESS</b>            009 World of Work Awareness            010 Labor Market Knowledge            011 Career Planning            012 Job Search Techniques            014 Leadership            017 Allocates Resources            018 Team Work            020 Interpersonal Skills         </td> </tr> </table>								<b>BASIC SKILLS</b> 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL/Vocational ESL 015 Life Skills	<b>OCCUPATIONAL SKILLS</b> 007 Perform Actual Tasks 008 Familiarity With Procedures, Tools 016 Technology 019 Information Skills	<b>WORK READINESS</b> 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills
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WIA EWIG (09/00)



# WORKFORCE INVESTMENT ACT EXIT

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name		Middle
03 Exit Code	<b>Exit Codes (Select up to three codes)</b> 01 Entered Employment 02 Called Back/Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate/Diploma/Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health/Medical 11 Cannot Locate 12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only)			
04 Exit Date	05 Degree Attained 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, credential pending 5 No training services provided	06 Date Degree or Certificate Attained	07 Type of Degree Attained 1 High School Diploma 2 Equivalency/GED 3 AA or AS Diploma/Degree 4 BA or BS Diploma or Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 9 Other	
08 Date Entered Postsecondary Education	09 Date Entered Advanced Training	10 Entered Military Service 1 Yes 2 No	11 Entered Qualified Apprenticeship 1 Yes 2 No	
12 Date Employed	13 Employer Number	14 Employer Name		
Employer Address		Employer City/State		Employer ZIP
15 Employer Contact	16 Contact Phone	17 Job Code/Job Title	18 Hours Per Week	
19 Hourly Wage	20 Training Related Employment 1 Yes 2 No	21 Determination Method 1 Training to job 2 Industry to training 3 Other	22 Health Benefits 1 Yes 2 No	23 Non-Traditional Employment 1 Yes 2 No
Exit Staff Signature		24 Exit Staff ID	Date	
<b>Post Exit Services</b>				
25 Service Code	26 Description	27 Begin Date	28 End Date	
<b>Post Program Service Code</b> 01 Educational Achievement 02 Employment Services 03 Additional Youth Support 04 Citizen and Leadership 05 Follow-up Services				

WIA EWIT (09/00)



# WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name	
01	Application Number
02	Agency Code
Social Security Number	

Last Name		First Name		Middle	
03 Follow-up Type (After Exit)			Follow-up Date		04 Interview Date
1	30 Day	4	2 <sup>nd</sup> Quarter		
2	60 Day	5	3 <sup>rd</sup> Quarter		
3	1st Quarter	6	4 <sup>th</sup> Quarter		
05 Follow-up Result					
1 Complete: All Questions		6 Respondent Refused Interview			
2 Complete Interview: Missing Data		7 Language Problem Prevented Interview			
3 Respondent Never Located		8 Unable Due to Illness/Disability			
4 Located but Never Available		9 Died / Incapable After Exit			
5 Informant Refused for Respondent					
06 Labor Force Status			07 Supplemental Data Verified Employment Status First Quarter after Exit		08 Supplemental Data Verified Employment Status Third Quarter after Exit
1	Employed Full-Time	4	Not in Labor Force	1	Employed
2	Employed Part-Time	5	Status Unknown	2	Not Employed
3	Unemployed			3	Not Applicable
09 Date Degree or Certificate Attained		10 Type of Degree Attained			
		1 High School Diploma		5 Occupational Skills License	
		2 Equivalency/GED		6 Occupational Skills Certificate or Credential	
		3 AA or AS Diploma Degree		7 Other	
		4 BA or BS Diploma or Degree			
11 Date Entered Postsecondary Education			12 Date Entered Advanced Training		
13 Entered Military Service		14 Entered Qualified Apprenticeship		15 Weeks Employed	
1	Yes	1	Yes		
2	No	2	No		
				16 With Exit Employer	
				17 Actual Hours Worked	
				1 Yes	
				2 No	
Most Recent Employer or Employer at Follow-Up					
18 Date Employed		19 Employer Number		20 Employer Name	
Employer Address			Employer City, State, ZIP		
21 Contact			22 Phone		
23 Job Code		24 Hours Per Week		25 Hourly Wage	
				26 Follow-up Staff ID	

WIA EWIF (09/00)